SAYRE (R. H.)

The Result of Antiseptic Treatment of Abscesses connected with Disease of the Hip Joint.

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THE RESULT OF

ANTISEPTIC TREATMENT OF ABSCESSES

CONNECTED WITH DISEASE OF THE HIP JOINT.

By R. H. SAYRE, M. D.*

Dr. R. H. Sayre presented two patients and said that there was nothing remarkable about them, and his only object in presenting them was because, some time before, a paper had been read before the section by Dr. Judson advocating non-interference with abscesses connected with joint diseases. It had been said in that paper that the best plan was to let abscesses alone, that pus was not of any consequence, that, sooner or later, an abscess would burst spontaneously, and that after it had opened spontaneously it would keep on running for a longer or shorter period, and that the result was no better when it was opened by the surgeon. To sustain this theory twelve cases had been cited by the author of the paper in which the abscesses had finally dried up and the patients got well, some with ankylosis, some with mobility of the joint.

In these twelve cases the average number of months the abscesses continued to discharge had been fifteen. It was said the best thing to do for these abscesses was to let Nature open them, and let them "drip till they got tired of dripping."

Dr. Judson had said,† "Unless the stream is too copious it is best to leave the opening uncovered, relying on evaporation and

* Presented to the Orthopædic Section of the New York Academy of Medicine, May 18, 1888.

† "N. Y. Med. Journal," January 31, 1885, p. 119.

frequent change of under-clothing," and another gentleman had advocated, in all seriousness, the use of rubber drawers tightly fastened about the knees to catch the discharge.

It had been the general opinion of the members of the section that non-interference was best, and the speaker was very glad Dr. thatStephen Smith had remarked at that time that it was not well that such ideas should go forth from that meeting as the general opinion of all the members; that he, for one, did not believe that pus was a beneficial thing in the body, as some gentlemen thought, but considered that the patient was better and healthier when the pus was evacuated and the wound healed up. In this opinion the speaker fully concurred. In many of these cases, where the abscess was large and tense, the mechanical pressure of the abscess itself produced a great deal of pain, which was relieved when it was opened. He thought it surgically correct, when there was an abscess of large size that gave rise to pain and elevation of temperature, to open it, and have it thoroughly cleaned out, drained, and closed, and if it was once thoroughly cleaned out there was no possibility of its not healing up.

Speaking of the first patient presented, he said that the little girl had had commencing hip disease when six years of age. She was now about seven years and a half old. The tenderness had increased last winter, and she had cried a great deal at night and had had all the symptoms of an acutely inflamed joint. On the 20th of March the speaker's brother had opened the abscess, scraped it out thoroughly, and irrigated it with a solution of bichloride of mercury. After the cavity had been scraped out and some diseased bone removed (it did not appear in this instance to connect with the joint) it was then washed with chloride of zinc, twenty grains to the ounce, drained, and sewed up. The wound was dressed again on the sixth day and the drainage tubes were removed. The wound healed by first intention and had remained closed. Since then she had not had any pain at night or the slightest discomfort. She was still wearing the long hip splint. The other case was that of a little girl whom he had seen last autumn for the first time. She had been seen in July last by a surgeon of this city who had previously treated her sister for

hip disease. He had seen her next in September, when the disease had made sufficient progress for him to make a positive diagnosis of hip disease, and he then advised the parents to have the joint exsected. They had objected to this and had brought the child to the speaker, who had advised instrumental treatment. The leg at that time had been flexed and everted, and there had been marked spasm of the muscles. She had been excessively tender over the joint and had cried all night with pain. These symptoms had subsided after the application of the splint. About February a swelling had appeared and she had become once more restless at night, and had lost her appetite.

The abscess continued to enlarge and he had thought it best to open it, which he had done on the 5th of April, scraping thoroughly, removing some softened bone at the lower surface of the neck of the femur, washed it with a sublimate solution, drained it with two tubes, and dressed it antiseptically. On the fourth day he had removed the drainage-tube and found the wound had healed, except where the drainage-tube had been. There was now a small granulating surface where one tube was, and a little oozing where the dressing stuck to one part of the incision. There was now a certain amount of motion in the joint. The child slept comfortably, did not cry as before, and had no pain or discomfort. The speaker thought that she was a good deal better now than she would have been if the abscess had been let alone. She still wore the long splint.

He did not present these cases as being novel or uncommon, but simply to emphasize the protest that he wished to raise against allowing abscesses to discharge for fifteen months on the average, as had been advocated as the most rapid and favorable result to be expected. Dr. Judson had found that those cases in which he had incised had run about the same course as those left to nature, and naturally, as he simply anticipated nature somewhat in the time of opening and did not clean the cavity, whereas, if the abscess was freely opened and thoroughly cleansed so that no diseased tissue remained behind, it would heal promptly and thoroughly.

Dr. Taylor said that he was very glad to hear this method

of operating on abscesses advocated by Dr. Sayre. He had always made it a practice to open abscesses, but not to scrape them out. That was new in his experience. In a great many cases where they were freely evacuated and closed up at once they did not open again: in some cases, however, they did. In a case brought to him a short time ago there was fluctuation deep down behind the trochanter, and he had advised that the abscess should be freely opened and evacuated. The father of the patient, who was a physician, did not agree with him, and he had taken the boy home and kept him under mechanical treatment. At the end of six months, however, he opened the abscess, squeezed it thoroughly, and closed up the wound, and it healed immediately. The boy had had no symptoms of suppuration since. That was only an instance of what could be done by free incision and evacuation of abscesses. It was to be presumed that scraping would increase the percentage of the cases that would heal.

In reply to a question by Dr. Ridlon, Dr. Sayre said that when he first saw one of the patients she had seemed to have all the symptoms of intra-articular disease. There had been apparent ankylosis, remarkable spasm of the muscles, and great tenderness, and the least motion had given intense pain. In fine, she had all the symptoms that he had been accustomed to associate with intra-articular disease. It had also been said to be intra-articular by one of the leading surgeons of this city, who had wanted to exsect the joint. At present there was no spasm of the muscles. The other child had had her leg flexed in the typical position of the third stage of hip disease, and had been so sensitive that she could hardly be touched. At the present time she had no pain, but undoubtedly there was disease inside the capsule of the joint.

Dr. N. M. Shaffer said that his experience in the treatment of chronic abscesses had been somewhat extensive. The first five years of his student and professional life had been spent with Dr. Knight, who had followed the utmost conservatism in his plan of treatment of abscesses. During the five years that he had been connected with the Hospital for Ruptured and Crippled he did not think he had opened more than one abscess

a year. When he left the service of Dr. Knight he became convinced that the treatment of abscesses had been under-estimated by him, and he had immediately rushed to the opposite extreme, and had opened every abscess that could be opened with safety to the patient. He had now come to consider abscesses in joint diseases very like the condition of joint diseases themselves. He thought it required a good deal of judgment to determine what kind of abscesses should be opened and what kind should not. He considered it bad policy to open an abscess that connected with a suppurating joint, even under the best antiseptic precautions. He had had considerable experience with opening abscesses under antiseptic precautions, and, after keeping up the dressing for months, he had found that the abscess ran the same course as if no antiseptic dressing at all had been applied. When that point in diagnosis had been reached that would enable us to tell what abscesses were intracapsular and what were extracapsular, he thought we should make a very great advance in the treatment of joint diseases. He agreed to all that Dr. Sayre had said, if the abscesses were extracapsular, but not if they were intracapsular.

Dr. Mary Putnam Jacobi remarked that she would like to ask the opinion of the members present in regard to the treatment of these abscesses by the trocar and cannula, and injection of the abscess cavity with a solution of iodoform in alcohol.

Dr. S. Ketch said that he had been present at the meeting of the orthopædic section to which Dr. Reginald Sayre referred, and there was one thing particularly at that meeting which he thought to be of some practical importance, and that was the fact that all the general surgeons present—and there was quite a number—were unanimous in their opinions that all abscesses, whether they were intracapsular or extracapsular, should be opened at once. On the other hand, the orthopædic surgeons were more conservative in their opinions regarding the opening of abscesses, and it had struck him that a great deal of this was due to the fact of the difference in the treatment pursued by the general and the orthopædic surgeon. The general surgeon was called in to do the operation, the orthopædic surgeon was in-

trusted with the care of the case for a very trying period, and it seemed to the speaker that the protection of a joint by an apparatus had a great deal to do with the modification of the course of the abscess. He thought that abscesses would run a more benign course when the parts were protected than when left to non-mechanical treatment. His personal experience with the opening of abscesses had been a very peculiar one. He had been taught by Professor Sayre that abscesses, as a rule, that presented any indications should be opened as soon as possible. When the antiseptic system became better known he had opened these abscesses under the strictest antiseptic precautions, and the results had been very satisfactory. They were undoubtedly extracapsular, and pursued the ordinary course, extending over many months, with more or less discharge. He did not now think it a good plan to open all abscesses indiscriminately.

Concerning intra-articular injections he had had no personal experience, but he thought that they had not yet received the attention from American surgeons which they deserved.

The Chairman said that it seemed to him that the whole of this subject could be settled very easily by the application of a little practical common sense. As Dr. Ketch had said, he had taught him when abscesses existed to get rid of them at once. If the abscess would disappear under proper treatment, it should be let alone, but, if it went on from bad to worse, it should be opened freely from one end to the other and cleaned out thoroughly under the best antiseptic precautions, and there would be no relapses. The reason Dr. Ketch and Dr. Shaffer had had trouble was because they did not do it completely. If an abscess was opened and a particle of dead bone or any other diseased tissue was left behind, there was no end to the trouble that was likely to follow. He was very glad that this subject had been brought up before the meeting, and he regretted very much that he had not been present when the paper referred to was read, but he rejoiced to know there was one man who put his foot on it, for it was a disgrace to the orthopædic surgery of America to allow such statements to go abroad uncontradicted. He wished here to put his emphatic disapproval upon such a course of procedure.

Dr. SHAFFER said that he did not wish it to go on record that he did not open abscesses. He had opened abscesses freely. One thing he had observed in connection with this opening of abscesses—that, though the entire disappearance of all symptoms of abscess might have followed, it did not necessarily follow that the disease was cured. He had seen a great many cases where the abscess had closed, but disease had persisted for many years.

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